

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90043 043 \*\*\*\*61.25



**DOCUMENT # 724603**  
 1. Entity Name  
**SANFORD LODGE NO.1241 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, I**

Principal Place of Business  
 1006 E. 2ND STREET  
 SANFORD, FL 32771 US

Mailing Address  
 P O BOX 1346  
 SANFORD, FL 32772

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

02232007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-0651146

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent  
**MCKIBBIN, ALEX H**  
**114 N PARK AVE**  
**SANFORD, FL 32773**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	ROGERS, JOE B	
STREET ADDRESS	102 WESTWIND CT	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	<del>VP</del>	<input type="checkbox"/> Delete
NAME	DUNN, RONALD	
STREET ADDRESS	2018 S PALMETTO AVE	
CITY-ST-ZIP	SANFORD, FL 327714362	
TITLE	S	<input type="checkbox"/> Delete
NAME	MC KIBBIN, ALEX H.	
STREET ADDRESS	114 NORTH PARK AVENUE	
CITY-ST-ZIP	SANFORD, FL	
TITLE	<del>P</del>	<input type="checkbox"/> Delete
NAME	COLBERT, JOHN T	
STREET ADDRESS	2859 DOE RUN TRL	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	<del>TR</del>	<input type="checkbox"/> Delete
NAME	<del>STEELY, DAVID</del>	
STREET ADDRESS	<del>5355 S SANFORD AVE</del>	
CITY-ST-ZIP	<del>SANFORD, FL 327737033</del>	
TITLE	<del>TR</del>	<input type="checkbox"/> Delete
NAME	<del>JOHNSON, LARRY</del>	
STREET ADDRESS	<del>113 W RIDGE DR</del>	
CITY-ST-ZIP	<del>SANFORD, FL 327736109</del>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM MAGNER	
STREET ADDRESS	2612 MOHAWK AVE	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRY CONWAY	
STREET ADDRESS	715 BAYWOOD DR	
CITY-ST-ZIP	SANFORD, FL 32773	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **ALEX H. MCKIBBIN** **4/9/2007** **407-322-0331**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #